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ABSTRACT

The social factors that impact Caucasian middle-class women's practice of breast self-examination (BSE) were examined through in-depth interviews with 15 women who were selected to represent a mix of women who practiced BSE monthly, occasionally, or never. The meaning of BSE was analyzed in relation to body image and the social definition of being a woman. The analysis was framed within the context of the literature on the following topics: social constructionism; women as gendered learners; the concept of body image; and the practice of BSE. All five women who practiced BSE monthly learned BSE from their gynecologist, were satisfied with their bodies and accepted their body image and breast size, viewed health or wellness in totality, took time for self-care behaviors, understood what normal breast tissue is, and were able to discuss their bodies openly. All the women who practiced BSE occasionally desired to change their breast size or shape, compared themselves to an ideal based on the media and advertising, and were casual about performing BSE even though they all expressed fears about breast cancer. The women who did not practice BSE did not share common views regarding their body image, views on health and wellness, and understanding of what constitutes normal breast tissue. (12 references) (MN)

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Form or Flesh: Social Factors that Impact Women's Practice of Breast Self-Examination

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Abstract: The purpose of the qualitative study was to understand the meanings of the social factors identified by Caucasian middle-class women and their practice of breast self-exam (BSE). The meaning of breast self-exam is discussed in relationship to body image and the social definition of being a woman.

Introduction

Much of the research on adult leaning reveals the psychological nature of learning. However, very little research has been published about the social influences upon adult learning, specifically, women's learning (Hayes & Flannery, 2000). Similarly the research on breast self-exam coming from health education is also psychological in nature. These studies looked at factors that predict compliance or barriers to monthly practice of BSE and reflect the psychological perspective that has dominated this issue. While these studies are important they present an isolated view of the practice of breast self-exam. Importantly, women have been barraged through the media about breast cancer and the importance of early detection. Breast self-exam is important due to breast cancer being the leading type of non-cutaneous cancer in the United States for women. One new breast cancer is diagnosed every three minutes in the United States. In spite of all the programs, printed materials and media reminders, only 8-10 per cent of women perform breast cancer on a monthly basis (American Cancer Society, 2000). Give all the information on breast cancer, one must ask why such a small number of women practice BSE monthly and what influences women to choose to use this learning or to disregard it?

Review of the Literature

To better understand the meaning making of the practice of breast self-exam and the social factors that impact women's practice of and experience with breast self-exam, four bodies of literature were reviewed: Social Constructionism, women as gendered learners, the concept of body image, and the practice of breast self-exam. Social construction of knowledge is concerned with the analysis of socially constructed reality. McCarthy (1996, p. 23) states that knowledge is defined as "any and every set of ideas and acts accepted by one or another social group or society of people--or ideas and acts pertaining to what they accept as real for themselves and for others." Following this knowledge is an historical construct, which is subject to constant changing of forms and changing the ways people navigate and position themselves in their worlds. Gergen locates knowledge in language, not just the utterance of words but also the deeper understanding of the intent behind the vocalizations (1995). Realizing that communication takes many forms, Rorty (1989, p. 9) believes that "all experience and behavior is essentially linguistic." Therefore, understanding language as a construct of knowledge brings a view of culture that encompasses multiple social reality and tremendous cultural diversity.

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Understanding women as gendered learners means to understand the socially constructions that influencing women's learning (Hayes & Flannery, 2000). Gender is a social construct, one that is fluid, responding to being created and re-created depending upon the social situation one is located in. Additional social constructs identified have been race (Johnson-Bailey & Cevero, 1996), and class (Lutrell, 1984) that shape women's learning. Learning for women is also contextual. Hayes and Flannery (2000) place women workers as segregated by gender and occupying traditional female jobs. Research on social constructions which influencing women learning are emerging, other need to be identified, and one such construct is that of body image.

Body image is a social construct; comprised of multidimensional self-attitude towards one's body, the size, shape and aesthetics of the body, beliefs about one's attractiveness, as well as the perceptions of how others view one's own body (Brand & Hong, 1997; Cash & Pruzinsky, 1990). Body image is formed to a degree as a function of the culturally defined images of desirable body appearances for women. These culturally defined images most often occur in the mass media as ideal images of the female body. Being objectified by others, women learn the art of self-objectification (Brand & Hong, 1997). Her body becomes an object for display. This female gendered body image is a culturally created image that resides in the minds of many men and women.

Lastly, the research on breast self-examination performance and nonperformance provide varied and often inconclusive results. Social factors of age and education give mixed results on performance (Worden, Costanza, Foster, Lang & Tidd, 1983; Sensiba & Stewart, 1995). The literature on social support and one's personal history also provide inconclusive results. Alagon and Reddy (1984) found self-confidence in one's competence to perform BSE and a feeling of control over one's health were significant predictors of the practice of BSE. Social factors produced mixed results for the practice of BSE, and knowledge alone does not provide reason for women to practice breast self-exam. What needs to be understood is how body image as a social construct influences the practice of breast self-exam.

Methodology

A qualitative phenomenological approach focused on in-depth interviews was employed to capture the lived experiences of the 15 participants. The participants were selected to reflect Caucasian, middle-class women who practice monthly BSE, occasionally practiced BSE or did not practice BSE. Semi-structured, face-to-face interviews were used as the primary method of data gathering. The interviews were audiotaped and transcribed verbatim. Follow-up interviews were conducted to gain clarity and to aid in triangulation process. The transcripts were analyzed using thematic coding. To ensure trustworthiness, data collection and analysis were rigorously conducted and supervised. The findings of this study are not generalizable due to the specific and purposeful nature of the sample.

Findings

This study identified the social influences on women's practice of breast self-exam and then explained the importance these influences had upon the women and their practice of BSE. Three specific groupings of participants emerged based upon their practice of BSE, as did themes pertaining about social influences, breasts and BSE education on women's lives.

Grouping of the Participants Based upon their Practice of BSE

While conducting data analysis participant grouping naturally emerged based upon their practice of BSE. Each group displayed specific commonalities. Age and educational backgrounds vary in each of these groupings.

Women that practice monthly BSE. These five women all learned BSE from their gynecologist and share five commonalities. First, is satisfaction with their bodies and acceptance of body image and breast size. Not one woman would alter the size of her breast if given the opportunity. This group could not describe the ideal breasts as described by society and also have developed the ability to resist the impact of the media, and bra and clothing manufactures as social influences. Secondly, their concept of health or wellness if viewed in totality, the human body is not broken down into separate pieces to be cared for. These women take time for all self-care behaviors. This provides these women with a sense of empowerment. BSE is more than finding a lump or cancer early, it provides a greater objective—control over one's health. Kate summarizes this thought, "breast self-exam, it's like brushing your teeth, I mean I don't treat my breasts any differently than I do other things that require care. Every part of me gets the health piece." Next, these women can articulate their empowerment by anticipating potential problems and discussing their plan of action if they found a lump. Barbara notes her power in this plan, "well, then my options come in. That I can act on it, I can take charge and say what I am comfortable having done." The fourth commonality is the understanding of what is normal breast tissue. As regularly practicing BSE, they know their own breast tissue and this eliminates worry because they know their body. The final commonality is their ability to openly discuss their bodies and breasts with other women also; these women are more likely to initiate discussions about BSE with female relatives and friends. For these women health is a resource, it is an enabler for these women to live active lives.

Women that occasionally practice BSE. These women exhibit four commonalities that revolve around their breast. Foremost is the desire to change the size or shape of their breasts: these women identified a societal ideal of perfection and recognized their own imperfections. Secondly, these women articulated what the perfect pair of breasts should look like. The words for this notion of perfect breasts were similar for these five women: "firm, centered, cleavage, C cup size, perkier and be able to go without a bra." These women compared themselves to an ideal that is based upon the media and advertising. Next, as girl children growing and developing secondary sex characteristics these women recalled negative comments from authority figures that haunt them today. Maggie had two teachers tell her sit up "or your boobs will hang down to your gut." Lee's mother nominated her for the "chairperson of the itty bitty titty committee." Lastly, these women are very casual in their practice of BSE and expressed fears about breast cancer. They give the impression that this is due to a lack of self-confidence in their BSE technique and /or not knowing what is normal breast tissue. This group of women has been greatly influenced by the media and clothing manufacturers. Their breasts have become objects that they notice and want others to notice also. Their breast dissatisfaction impacts how they view themselves as women and this connection appears to be a link to their occasional practice of BSE.

Women that do not practice BSE. This final group of women do not practice BSE; most of the group could not remember finishing an exam. This group is an anomaly. Some like their breasts; others don't. Those that don't like their breasts can't describe an ideal pair but would still like to change their breasts; they just want "something more." Suzanne, a

self-defined large woman, could not articulate a social standard for breasts, but stated that her ideals come from "the deficiencies I see in myself." Betsy's husband is willing to pay for breast augmentation for her, however she could only articulate her idea of perfect breasts to be "rounder, fuller, larger." There does not appear to be a unifying feature that prevents this group from performing BSE. Reasons given ranged from: "my breasts are so small, the official exam is necessary" by Victoria to Sharon's statement, "I just don't see the need." They do share a difficulty in describing their normal breast tissue, due to not practicing BSE. Lastly, these women spoke of their breasts as objects; either by naming them or referring to their breasts as they or them.

Themes about Social Influences, Breasts and BSE Education on Women's Lives and Their Impact

Impact of social influences upon women's lives. The social influences identified by these participants were: the media, the fashion industry and family or friends. Most noticeable are the huge gradations of the influences of society upon the participant's lives. Some of the participants are able to ignore these influences, while others are greatly impacted. The visual media was discussed as to how women's bodies are portrayed. Some women credit television, magazines and advertising as presenting women as just an image or a physical body, with no thought to the person inside. Most often discussed was the notion of the ideal image of the female body and with this the ideal breasts. These women believe that the media has linked the notion of perfect body and breasts to transcend all ages. The fashion industry was viewed as catering to an ideal body and breast size. Many of the women complained about the choices of clothing available for large breasted women and have learned to compensate for this. Much more common were complaints about bra manufacturers; how the bras fit and how they looked. Advertising to purchase pretty and sexy bras, regardless of how the bra fit, swayed many of the participants. Importantly, whatever the problem associated with bras all of the women wear them. Family members appear to have had a great impact on the lives of these participants. Of those that could recall comments about their developing bodies or breasts, the comments were remembered as negative and hurtful. One women's mother still continues to comment on her 27 year-old daughter's "small boobs."

These influences connect into the objectification of the female breast. Objectification of the breast begins at an early age. First bra stories were remembered and told by the participants. The importance of male and female gazing of female breasts, and the participant's breasts was discussed. As objects breasts define a woman according to many of the participants. They are "part of what makes you special, part of womanhood, a defining feature of being a female, something that's different from men" according to Maureen, Alicia, Lynn and Sharon. Some of the women described how they are viewed as a pair of breasts and not for the person; other participants described similar situations for friends of theirs. This last idea provides an example of how breasts establish a social personality. These women discussed breasts as the presentation of the self and as a means to define womanhood.

Doctors, the media and family and friends have been identified as potential social influences for the women of this study with their practice of BSE. However, the level of influence each of these three may have appears to be minor. Thirteen women learned BSE from their gynecologist, the other two learned from a family physician. Additional

supplemental materials were provided for many of the participants. However, it simply does not matter in their practice of BSE. What is important is the women's view of BSE. Three participants began monthly BSE after finding accidentally finding a lump. However, for two other women this has not influenced their practice, nor has having a female relative with breast cancer changed the practice of BSE for three other participants.

Conclusions

The findings of this study occur in three significant areas. First are the participant groupings that developed. In all the studies identified earlier on BSE only two groups were identified by their practice of BSE: those that regularly practice BSE and those that do not. Regular practice of BSE has been identified as practicing the technique four to six times a year. This study identified three groupings based upon the participant's BSE practice: those that do monthly BSE, those that occasionally practice BSE (four to six times a year) and that that do not do BSE. The separation into three groups is important, for each group has commonalities that unite them based upon their practice of BSE. It is also important to do this to understand the meanings they attach to their BSE practice.

For women that do monthly BSE, it is not viewed in isolation; it is one of many self-care behaviors. This corresponds with the findings of Alagon and Reddy (1994) who reported that women were more likely to perform BSE on a regular basis if the women believed BSE affected their control over their health. Furthermore, these women view the body as who they are and have a deep self-love. This self-love is demonstrated by the comfort and acceptance for their body, which enables these women to have a great sense of themselves. All the social factors previously identified have had little impact. As a result, their body image is based upon their health needs and how they envision their image, not a societal produced one. This concept of embodiment and self is highly integrated into their being a woman and thus acts as a shield from the messages society produces on what constitutes a woman.

The women who occasionally practice BSE and for four of the women that do not do BSE, fear of breast cancer has been identified as impacting their practice of BSE. However, it is the meaning of this fear that is important. For these women the breasts are a symbol of womanhood, they provide a social definition of being a woman. Therefore, losing a breast would signify to society that these women are somehow less than a woman and that their femininity is diminished. These women's breasts embody their feelings of self-worth and attractiveness and so losing one will create turbulence in their view of womanhood and body image. Thus a mastectomy changes something on the outside, a visible body part but also something on the inside, an internalized, societal definition of a woman. Therefore, doing BSE is a signifier that would change their definition of womanhood and these women would rather be lax in their practice of BSE, than face the possibility of redefining themselves as women.

In summary, social influences have been identified that impact women's practice of BSE. The strength of these influences varies greatly. Implications for future practice indicate that a paradigm shift needs to occur within the health education field. Early intervention of all self-care behaviors needs to parallel the teaching of self-acceptance and self-love of the body. Young girls must learn to love their flesh, not the form that it takes. Models of BSE educational programs need to address those women who don't know BSE or don't care to know the technique. Adult educators must challenge society and how women

are objectified in social settings. Lastly, people must be committed to raising children free of social influences. From a research perspective, future studies that understand how body image impacts other learning and/or knowledge use need to occur. Additional social forces that impact women's learning also need to be identified examined and assessed for the meanings they possess.

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